

MARYLAND  CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR Frederick County (DC)   
 JUDICIAL Located at 100 W. Patrick Street Frederick, MD 21701-5548 City/County  
 Court Address Telephone 301-600-2000

Case No. D 711-FM-23-822159

NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm, further abuse, or reveals the confidential address of a shelter. If this the case check here   
 If you need additional paper, ask the clerk.

Fill in the following, checking the appropriate boxes.

Monique R. Sparks  
 Petitioner  
 1150 Holden St Rd.  
 Address  
 Frederick, MD 21701  
 City, State, Zip  
 301-857-5129 Home Telephone No. n/a Work Telephone No.

vs. William J. Scarborough  
 Respondent  
 6317 Posey St.  
 Address  
 Frederick, MD 21703  
 City, State, Zip  
 304-676-9477 Home Telephone No. 240-818-4737 Work Telephone No.

Petition filed electronically under FL § 4-505.1

**PETITION FOR PROTECTION FROM  
 DOMESTIC VIOLENCE  CHILD ABUSE  VULNERABLE ADULT ABUSE  
 (Family Law § 4-504)**

1. I am  the current or former spouse of the respondent;  a cohabitant of the respondent;  a person related to the respondent by blood, marriage, or adoption;  a parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within one (1) year before the filing of the petition;  a vulnerable adult;  an individual who has a child in common with the respondent;  an individual who has had a sexual relationship with the respondent within one (1) year before the filing of the petition; or  an individual who alleges that within six (6) months before the filing of the petition the respondent committed rape or a sexual offense or attempted rape or sexual offense against the individual.

2. I want relief for  myself  minor child  vulnerable adult, from abuse by William Scarborough

Name of alleged abuser

The respondent, whose present whereabouts (if known) are Puerto Rico until 29 Aug 23, then Posey St., committed the following acts of abuse against Monique Sparks

Name(s)

on or about, May 6 2013 & 18 Aug 23 (check all that apply)  kicking  punching  choking/strangling  
 Date  slapping  shooting  rape or other sexual offense (or attempt)  hitting with object  stabbing  shoving  
 threats of violence  mental injury of a child  detaining against will  stalking  biting  revenge porn  
 other Verbal Abuse

The details of what happened are: Hit me with a door on 18 Aug 23, threatened to  
 Shoot himself & the cops if I called them on 6 May 23, (Give specific details of what happened, when and where it happened, and any injuries sustained)  
 When he was enraged & drunk, punching holes in walls & breaking  
 furniture in our house.

3. (If the victim is a child or vulnerable adult, fill in the following): I am asking for protection for a  child  
 vulnerable adult whose name is \_\_\_\_\_

At this time the victim can be found at \_\_\_\_\_

I am  State's Attorney  DSS  a relative  an adult living in the home.

4. The person(s) I want protected are (include yourself if you are a victim):

Name(s)	Birthdate	Relationship to Respondent
Monique Sparks	9-22-93	Wife / Spouse
Anthony Sparks	7-6-58	Father-in-law

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AUG 25 2023

DIST. COURT OF MD 11-01

Case No. \_\_\_\_\_

Monique R. Sparks  
Petitioner

vs. William J. Scarborough  
Respondent

5. The person(s) I want protected now lives, or has lived, with the respondent for the following period of time during the past year: November 2022 to present

There  are  are not additional persons living in the home.

6. I know of the following court cases involving me, or the person I want protected, and the respondent. (examples include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases).

Court	Kind of Case	Year Filed	Result or Status (if you know)
<u>Martinsburg, WV</u>	<u>Assault</u>	<u>2022</u>	<u>Expungement in progress</u>

7. I have received a Final Protective Order against the same respondent that expired within one (1) year of the abuse alleged in this petition; and which was issued for a period of at least six (6) months.

Date issued

Date expired

Location where issued \_\_\_\_\_

City/County/State \_\_\_\_\_

8. Describe all past injuries the respondent has caused the victim, and give date, if known Verbal abuse (on going), May 6 2023 = Punched holes in walls (3), threatened to kill himself at the police if I called 911, Shut me in a door, & his Mom & neighbor witnessed it. May 8, 2023 = Spit in my face. 18 Aug 23 = Hit me with a door punch

9. The respondent owns or has access to the following firearms: Home defense shot gun another hole.

10. I want the court to order the respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse)

NOT to abuse or threaten to abuse Monique Sparks, Rodney Sparks  
Name(s) \_\_\_\_\_

NOT to contact, attempt to contact, or harass Monique Sparks, Rodney Sparks,  
Name(s) \_\_\_\_\_  
Janita Zaidi, a close stalker

NOT to go to the residence(s) at 1150 Holden Rd. Frederick, MD 21701  
Address \_\_\_\_\_

NOT to go to the school(s) at \_\_\_\_\_  
Name of school and address \_\_\_\_\_

NOT to go to the child care provider(s) \_\_\_\_\_  
Name of child care provider and address \_\_\_\_\_

NOT to go to the work place(s) at \_\_\_\_\_  
Name(s) \_\_\_\_\_

Case No. \_\_\_\_\_

Monique B. Sparks  
Petitioner

vs. William J. Scarborough  
Respondent

to leave the home at 6317 Posey St. Frederick, mo 21703  
Address

and give possession of the home to Monique B. Sparks  
Address

The name(s) on the deed or lease are: William J. Scarborough

to turn over firearm(s) to a law enforcement agency.

to go to counseling for  domestic violence  drug/alcohol  other

to pay money as Emergency Family Maintenance (may be taken from respondent's paycheck).

11. I also want the court to order:

custody of \_\_\_\_\_  
Name(s) of child(ren)  
be granted to \_\_\_\_\_  
Name

use and possession of the following jointly-owned vehicle be awarded to \_\_\_\_\_  
Name

\_\_\_\_\_ Description of vehicle  
 temporary possession of the pet(s) \_\_\_\_\_  
Name and description  
be awarded to \_\_\_\_\_  
Name

in the final order, the following additional relief necessary to protect Monique Sparks  
Person eligible for relief  
from abuse: \_\_\_\_\_

12. (Fill in only if you are seeking Emergency Family Maintenance.) The respondent has the following financial resources:

Income from employment in the amount of \$ 600 every  week  2 weeks  month

other or not?

Source of employment income Capital One Business Banking  
Name and address of source and amount(s) received

Income from other source \_\_\_\_\_  
Name and address of source and amount(s) received

The respondent also owns the following property of value: Automobile(s) \$ 60k

Home \$ 474,200 \$498,000 Bank Account(s) \$ 150,000  
Estimated value Estimated value

Other: Annual income of n \$250k. I quit my job, per his direction

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

25 Aug 23

Date

Monique Sparks  
Petitioner

I have filled in the Addendum (Description of Respondent), CC-DC-DV-001A

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that the address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

**NOTICE TO CUSTODIAN:** A person who places in a judicial record identifying information relating to a witness shall give the custodian written or electronic notice that such information is included in the record, where in the record that information is contained, and whether that information is not subject to remote access under this Rule, Rule 1-322.1, Rule 20-201, or other applicable law. Except as federal law may otherwise provide, in the absence of such notice a custodian is not liable for allowing remote access to the information.

MARYLAND  CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR Frederick County   
JUDICIARY Located at 100 West Patrick Street Frederick, MD 21701 Case No. \_\_\_\_\_

City/County \_\_\_\_\_

Monique Sparks  
Name of Petitioner on Original Court Order  
1150 Holden Rd.  
Street Address, Apt. No.  
Frederick MD 21701  
City, State, Zip  
301-857-8129  
Home Telephone No. Work Telephone No.

vs. William Scarborough  
Name of Respondent on Original Court Order  
6317 Posey St.  
Street Address, Apt. No.  
Frederick, MD 21703  
City, State, Zip  
304-676-9477 240-818-4737  
Home Telephone No. Work Telephone No.

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER  
(DESCRIPTION OF RESPONDENT)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

**DESCRIPTION OF RESPONDENT  
(Alleged Abuser)**

Full Name: William Joseph Scarborough	Date of Birth: 12/31/88	Approximate Age: 34				
Race: White	Sex: M	Height: 63	Weight: 205	Hair Color: Brown	Eye Color: Blue	Skin Tone (Light/Medium/Dark):
Scars, Tattoos (where on body and description): 1 Full tattoo sleeve left arm, captain America tatt right arm						
Home Address: 6317 Posey St.						
City, State, Zip: Frederick, MD 21703						
Telephone/Cell Number: 304-676-9477						
Employer: Capital One						Work Hours:
Work Address: 6317 Posey St.						Telephone Number:
City, State, Zip: Frederick, MD 21703						State: MD
Vehicle Make: Mercedes	Model/Color: GLF	Black	Year: 2017?	Tag #: MD 1CM2162		
Weapons: Shot Gun						
Other locations or information about respondent: Currently in Puerto Rico Until 29 Aug 23, should return to 6317 Posey St Morning of 30 Aug 23						

**PETITIONER**

(Person Requesting Assistance)

Full Name: Monique Ruedrina Sparks	Date of Birth: 9-22-93	Age: 29			
Race: Asian	Sex: F	Height: 53	Weight: 130		

**INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED**

Full Name: Rodney Sparks	Race: White	Sex: M	Date of Birth: 7-4-58	Weight: 180	Approx. Age: 65
Full Name: Jennifer Zaitch	Race: Asian	Sex: F	Date of Birth: 6-19-84?	Weight: 150	Approx. Age: 35
Full Name:	Race:	Sex:	Date of Birth:	Weight:	Approx. Age:
Full Name:	Race:	Sex:	Date of Birth:	Weight:	Approx. Age:

Petitioner's Signature: Monique Sparks Date: 25 Aug 23

Petitioner's Telephone Number: 301-857-8129



# DISTRICT COURT OF MARYLAND FOR FREDERICK COUNTY

100 WEST PATRICK ST, FREDERICK, MD 21701  
301-600-2924

Case No. D-111-FM-23-822159

SPARKS, MONIQUE R vs SCARBOROUGH, WILLIAM J  
1150 HOLDEN RD 6317 POSEY ST  
FREDERICK, MD 21703 FREDERICK, MD 21703  
301-857-8129(H) 304-676-9477(H) 240-818-4737(W)

## ADDENDUM TO PETITION FOR PROTECTIVE ORDER (DESCRIPTION OF RESPONDENT)

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

### DESCRIPTION OF RESPONDENT (Alleged Abuser)

Full Name: SCARBOROUGH, WILLIAM J						Date of Birth: 12/31/1988	Approximate Age:
Race: 2	Sex: M	Height: 6' 3"	Weight: 205	Hair Color: BRN	Eye Color: BLU	Skin Tone (Light/ Medium/ Dark):	
Scars, Tattoos (where on body and description):							
Home Address 6317 POSEY ST							
City, State, Zip FREDERICK, MD 21703							
Telephone/Cell Number: 304-676-9477							
Employer: CAPITAL ONE						Work Hours:	
Work Address 6317 POSEY ST							
City, State, Zip FREDERICK, MD 21703						Telephone Number: 240-818-4737	
Vehicle Make: MERCEDES BENZ	Model/ Color: GLE/BLA	Year: 2017	Tag#: 1CM2162	State: MD			
Weapons: SHOT GUN							
Other locations or information about respondent: CURRENTLY IN PUERTO RICO UNTIL 8-29-23 SHOULD RETURN 8-30-23							

### PETITIONER (Person Requesting Assistance)

Full Name: SPARKS, MONIQUE R				Date of Birth: 09/22/1993	Approximate Age:
Race: 3	Sex: F	Height: 5' 3"	Weight: 130		

08/25/2023

Petitioner's Signature ..... Date .....

301-857-8129 (h)

Petitioner's Telephone Number: .....